degree, as in the simple choreatic mania. The attacks of rage are also governed by the perceptions of the senses; but the latter may also disappear, and the attacks take then the same course as does the simple form.

The choreatic mania may run on for months and even years. The prognosis is essentially more unfavorable as, in the case of lypemanic stupor, already because heredity plays a greater part in it. P.

Asylum Notes.

MATTHEW D. FIELD, M.D.

HOSPITALS FOR THE INSANE.

H. Hayes Newington, M.R.C.P.Ed., in his presidential address, delivered at the annual meeting of the Medico-Psychological Association of Great Britain and Ireland, takes for his subject "Hospital Treatment for Recent and Curable Cases of Insanity." After a review of public opinion and of recent articles that have reflected upon alienists, with reference to the cures now effected and the increasing numbers of the insane, he returns to the main subject of his address:

"It will be necessary first to point out that two distinct classes of hospitals are aimed at. The first is what we may call a county hospital, in which the cure of the patients admitted shall be the paramount object, the extent of scientific study depending on the aptitude of the staff. The second is the educational hospital, in which, while of course the good of the patient will not be lost sight of, the advance of science shall be the guiding principle. As the respective objects vary to a certain degree, so will the details of construction and service vary, and for this reason it is essential that the considerations of the two institutions shall be kept separate.

"Taking the county hospitals, the location thereof will be the first point to be settled. There can be no doubt that for the convenience of administration it must be within very easy distance of the main building. But it should not be immediately adjacent, or there will be danger that the central idea of separation from the 'chronic' will be prejudiced. It will be a great gain also if the main building were out of sight, so that new patients should not be reminded of the doom that may await them."

The hospital accommodation should be equal to one-fifteenth part of the asylum population. This is arrived at by assuming that the average ratio of admissions into county and borough asylums to the average population thereof is about one to three and one-half. He would consider that sixty per cent. of admissions as *possibly* curable, and therefore suitable for admission into the hospital. "We may assume that a year's residence should be the limit for doubtful cases, and that three months would be sufficient for the recovery of the most simple cases. Then the number of residents would be reduced by death, which, as we know, chiefly occurs soon after admission. It is extremely difficult to arrive at anything like certainty, but I should think that four months might be taken as about the average time which would elapse in a series of cases before either discharge or recovery, death, or transfer to the main building, on account of incurability, took place. This would give an average clearing of each bed in the hospital three times in the course of a year."

"As to the arrangements of the hospital itself, only a few general suggestions can be made. Wards should find no place here. No room should be allowed to contain more than six patients at the outside, and where provision is made for association it should chiefly be for quiet melancholiacs, and, conversely, separation should be chiefly practised in cases of mania. No fact has been more impressed on my mind than that separation from other patients, and, indeed, from other people, tends to shorten and decrease excitement, and I can confidently say that not only the extent, but the nature even of an attack of acute

mania is beneficially influenced by comparative solitude. Therefore the proportion of single rooms should be considerable."

A small infirmary will be necessary. The furnishing and the decoration of the hospital should be more like that of an ordinary house than is the case in an asylum.

There should be provision for exercise, labor, and occupation of the patients. A separate garden, laundry and a small workshop or two solely for the inmates of the hospital are suggested, with simple games and other means of recreation.

The special attributes of a general hospital would be naturally provided for, such as laboratory, post-mortem room, and probably sooner or later a complete system of medical baths, including the Turkish bath, would be furnished.

The doctor who is head of the asylum should be also head of the hospital. "If possible it would be a great thing that the superintendent should be encouraged to avail himself of the aid of an outside physician."

The senior assistant medical officer should reside in the hospital.

The attendants should be chosen partly from without and partly from within the asylum. General hospital training being very essential, the wages of attendants should be relatively higher.

The second class of hospitals are then considered, and are styled educational hospitals. What was said as to the general structure and the subordinate staff applies here also.

"The matter of location will be determined by accessibility for teachers and students, as propinquity to a school of medicine will be the chief *raison d'être*. Probably London would be the first to erect such a hospital, but we should hope that if the experiment succeeded, which it would be bound to do, others would follow in Edinburgh, Glasgow, Dublin, and other educational centres.

"We have here no such guide to size as we have in the county hospital, since convenience of treatment must be the

measure. One hundred and fifty inmates should be, I think, the outside limit.

"The selection of patients would be matter of grave consideration. Selection it would have to be, for naturally a hospital built large enough to receive all the curable cases of a district which supports a medical school would be so large that the individual study of cases would be lost sight of. Nor should curability be an inflexible test, for obvious reasons. One rule, however, should be laid down, and that is that fancy or show cases should have the smallest possible representation; at all events for some time to come. I have adverted to the enormous difficulties in the study of mental disease, and it will be quite time enough to study recondite forms or varieties of disease when the mechanism of the simplest cases has been elucidated. Cases of so-called acute dementia, of simple mania and of simple melancholia, uncomplicated if possible with delusions, and certainly uncomplicated by organized or fixed delusion, should have the first and most liberal right of entry, and in these every endeavor should be made to connect general mental with special bodily abnormalities. Especial attention, for instance, should be given to the connection between the presence of morbid products in the blood, morbid heart conditions and blood pressures, with various forms of insanity, and so forth. Not that we do not know a good deal of these matters, but I suggest them as samples of the class of points on which the full weight of our new armament should be brought to bear. When such cases have been provided for, we should next choose some that are obviously connected with some well-marked bodily condition, such as the puerperal state, phthisis, syphilis, or gout. Then we may go back again to various forms of insanity marked by delusions. Next, we should open the doors to cases passing from acute to chronic, and we may well find room for a few chronic cases typical of the main varieties of insanity, for in studying the losing and the loss of intellect, we may reasonably expect to find traces of the conditions which cause the loss; and further, such cases are useful for comparison, and especially for the purposes of teaching. Finally, one or two carefully selected

specimens of each phase of general paralysis will complete a collection that seems to me to afford the most useful basis of study, both to the younger student and to the more advanced observer. It will be obvious that much careful adjustment will be required to insure such a selection as the above."

It is advocated that the staff be selected from alienists and general practitioners of medicine.

"But the adjustment of the various duties of both will be extremely delicate and difficult. In dealing with the insane there is one element whose influence is all-pervading and oppressive. It is the element of responsibility." This responsibility, he contends, must be in the hands of the alienist, and that the authority should rest with the resident portion of the staff, "precedent to the contrary notwithstanding."

"The circumstances of a hospital for the insane are quite different to those of a general hospital, and therefore the visiting staff, who in the latter would have extended authority, must be content in the former with the powers of teaching and treating, but not of administration."

The committee of management should be small. The senior resident medical officer should be a man far above an ordinary resident medical officer. "He should be of mature experience, should have had large responsible charge of the insane, should be of mature age and moral force sufficient to maintain under difficulties his position, without having constantly to fight to maintain his own; and, as a corollary, his stipend should be ample."

He should have a direct share in the clinical teaching and the power to regulate the independent clinical work of the students.

"Under him should be at least two assistant physicians, one of whom should be a very competent master of morbid anatomy. Resident pupils should also be provided for, to any extent which might be found convenient.

"Then as to the visiting staff. I should think that at least two alienists should have each a clinique assigned to them, and that each clinique should be a mixed one, that is

to say, the field of either should not be confined to one sex or to one form or class of mental disease. The visiting alienists should, of course, have full power to conduct the direct medical treatment of the cases submitted to them, but in matters involving a risk, such as the granting of leave of absence and final discharge, their authority must be subordinate to that of the resident physician."

The chief duties of the visiting alienists will be those of teaching, and this should be both systematic and clinical, and be conducted much on the lines of a general hospital.

The last and most difficult question will be the adjustment of the relations between the alienists and the general physicians. "Of these latter there should also be at least two, one skilled in all-round medicine and the other more especially in neurological conditions." Both should be on the staff of a general hospital, and both should have extended knowledge of physiology and its most recent advances. It will be their especial duty to endeavor to detect the least departure from normal bodily health, and they should work quite as much by the exclusion of the normal as by the following up of the abnormal. They should be required to conduct a thorough bodily examination of each case on admission, to renew these examinations from time to time, to order and supervise such methods of clinical inquiry as they may think fit, such as the use of the sphygmograph, quantitative and qualitative analyses, and so on. They would undoubtedly find a sufficiency of interesting material on which to found frequent clinical lectures. Then, too, they should cause the fullest and most exact records to be kept of their observations.

A well-conducted pathological laboratory and a large reference library of psychological medicine should be maintained. He also proposes an out-patient department, and believes that if these hospitals should be established that voluntary patients would be found to resort to them more readily than they would to present asylums.